L14 00 01 70415

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	· -

Office Use Only



800262289918

10/06/14--01027--007 **130.00

14 NOV -3 AM 7:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7 Sulvers MOA 0 3 5014



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2014

MARIA CEDENO 9481 HIGHLAND OAK DR APT 1008 TAMPA, FL 33647

SUBJECT: MC CLEANING SERVICES, LLC

Ref. Number: W14000061811

We have received your document for MC CLEANING SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 014A00021687

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

	stration Section ion of Corporations		
SUBJECT:	MC Cleaning Name of id	Services, LLC Inited Liability Company	
The enclosed	Articles of Organization and fee(s) a	are submitted for filing.	
Please return a	all correspondence concerning this n	natter to the following:	
	Maña	Cedeno	
_		Name of Person	
	MC Clea	ning Services, LLC Fron/Company	
_		Frin/Company	
	9481 Hideland	Jak Drive, Apt. 1008, Tanpa, F	L 3364
	THE PROPERTY OF	Address	
	(City/State and Zip Code	
	Ma_ cec	i Chotmail. Com ed for future annual report notification)	
For further inf	Formation concerning this matter, ple		
roi idimerini			
<u> Mario</u>	L Cedeno at (X13 Y68-0757 Area Code Daytime Telephone Number	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed is a	check for the following amount:		
☐ \$125.00 Filin _i	g Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is	atus &
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327	Clifton Building 2661 Executive Center Circle	
	Tallahassee, FL 32314	2001 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	ed Liability Company is:		Magnificent
. A	A At-	- 110	Magnificent Cleaning Services, LLC
	Must end with the words "Limit	ed Liability Company, "L.L.C	
ARTICLE II - Address a	ess: nd street address of the principal	office of the Limited Liabilit	sy Company is:
Principal Office Add	ress:	Mailing Address:	
9481 High Tampa Pl	Jand Oak Dr. #1008	9411 Highle	ud Oak Dr., #1608 2L 33647
(The Limited Liability	stered Agent, Registered Office Company cannot serve as its overy with an active Florida registra	vn Registered Agent. You mu	
The name and the Flo	rida street address of the register	red agent are:	
	Maria Cea	leno	·
	Maria Cea	me	
	9481 Highland	Oak Dr. #1008	
	Florida street address (P.O. E	Box NOT acceptable)	
	Tampa	FL 3364 9	
	City	Zip	
the place designat capacity. I further o	ed in this certificate, I hereby acc agree to comply with the provisio am familiar with and accept the	cept the appointment as registence of all statutes relating to the	ve stated limited liability company at cred agent and agree to act in this c proper and complete performance registered agent as provided for in
	Juset		- 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15
	Registered Agent's Sig	gnature (REQUIRED)	NOV -3
	•	,	
	Page 1	OLZ	المالية المستريث

Title:	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	Maria Cedeno
71141812	9481 Highland Oak Dr., #1008
	Tampe PL 32647
A 14 @ O	
AMBR	Jorge W. Donoso
	9489 Highland Oak Dr. # 1008
····	
	
	
(Use attachment if necessary)	
ctive date is listed, the date must	e date of filing: (OPTIONAL) be specific and cannot be more than the properties of the propertie
ctive date is listed, the date must f filing.)	
ctive date is listed, the date must f filing.)	
ctive date is listed, the date must f filing.) E VI: Other provisions, if any.	
ctive date is listed, the date must f filing.) E VI: Other provisions, if any.	
ctive date is listed, the date must f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: \$ignature of	be specific and cannot be more than the pusiness days prior to or 90
ctive date is listed, the date must f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: \$ignature of (In accordance with section)	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE: (In accordance with sections any affirmation of the sections)	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document
Filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: \$ignature of (In accordance with section constitutes an affirmation I am aware that any false)	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.
retive date is listed, the date must f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: \$ignature of (In accordance with section constitutes an affirmation I am aware that any false)	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State information submitted in a state in the department of S
ctive date is listed, the date must f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: \$ignature of (In accordance with section constitutes an affirmation I am aware that any false)	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State information are provided for in s.817.155, F.S.)
ctive date is listed, the date must f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: \$ignature of (In accordance with section constitutes an affirmation I am aware that any false)	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State in State i
ctive date is listed, the date must f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: \$ignature of (In accordance with section constitutes an affirmation I am aware that any false)	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Nana Cedero Typed or printed name of signee
REQUIRED SIGNATURE: (In accordance with section of a maware that any false constitutes a third degree	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State efelony as provided for in s.817.155, F.S.) Mana Coloro Typed or printed name of signee
REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree \$125.00 Filing Fee for Articles	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a second consistency. Typed or printed name of signee Filing Fees: of Organization and Designation of Registered Agent
ctive date is listed, the date must f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: \$ignature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State information submitted in s.817.155, F.S.) Typed or printed name of signee Filing Fees: of Organization and Designation of Registered Agent analy